thirty years of age; a cultivated musician, whose father, also highly intelligent, was the subject of nervous and mental diseases. The patient had Graves's disease and was hysterical. Suddenly, at night, she lost her sense of sound and musical-tone pictures. There was ringing in the ears, dizziness, choking paroxysms, headache, attacks of unconsciousness without aura, diminished hearing in both ears, and sleeplessness. Frequently ringing in the ears would pass over into melodies, as in the case of the composer Schumann. If one person spoke, she was sometimes able to understand; if several spoke at the same time, only a confused buzzing was heard. The resemblance of many of these symptoms to the group described by Ménière is very great. The author also alludes to the possibility of their being due to thyroid intoxication. The symptoms relating to the musical sphere are of a different kind. These consist in a music- or tone-deafness. Ability to sing was present, but impaired. Corresponding to the disturbance in the aphasic complex known as paraphasia, the condition could be called para(noto)graphia. It would, perhaps, not be erroneous to say that the tone and word-picture centre and the tone and word-motor centre are close together, the former in the first left temporal, the latter in the third left frontal convolution. These relations are made clearer by a schema and a diagram of the convolutions concerned. The short but important article has a list of references to other articles on the same subject.

Cardiac Hypertrophy in Arteriosclerosis.—HASENFELD (*Deutsche Archiv für klin. Med.*, Bd. 59, p. 193) has made an investigation of this subject in the Leipsic pathological and clinical laboratories. The details are of great interest, but, with the tables, must be consulted in the original. The conclusions are as follows:

Even physiologically, the splenic, hepatic, and superior mesenteric arteries have a small amount of connective tissue in the intima.

Arteriosclerosis of mild or moderate degree, only microscopic, is quite common in the splanchnic arteries, but marked sclerotic changes are much less common than in the aorta, the arteries of the extremities and the brain.

Sclerosis is usually most marked on the main trunks of the splanchnics, and becomes less in the branches.

Arteriosclerosis only leads to hypertrophy of the left ventricle when the splanchnics or the thoracic aorta are severely affected. Arteriosclerosis of the other vessels does not seem to have such an effect.

In the five cases of contracted kidney examined, all the chambers of the heart were hypertrophied. If at the same time there was marked sclerosis of the splanchnics, the hypertrophy was most marked in the left ventricle. Extreme sclerosis of the aorta would probably have the same effect.

Should further examinations confirm the results now given as regards the uniform hypertrophy of all parts of the heart, we must conclude that the cause of hypertrophy in contracted kidney increases the work of both sides of the heart and probably excites the heart to increased activity.

The Impossibility of Immunity against Influenza.—Clinical experience shows that influenza not only does not confer immunity against future infection, but actually seems to favor it. This is confirmed by animal experiments carried on by DELIUS and KOLLE (*Zeitschrift für Hygiene*, Bd. xxiv.). By what must be considered a remarkable exhibition of skill and perseverance, they cultivated large quantities of influenza bacilli in pigeon-blood and bouillon and on blood-agar. With these cultures—less readily with filtrates—they were able to kill guinea-pigs with symptoms resembling those of cholera, typhoid fever, etc. By none of the known methods were they able to produce immunity. In guinea-pigs, rabbits, dogs, sheep, and goats a certain degree of resistance was obtained against the poison, but neither antitoxic nor bactericidal effects were obtained.

A Case of Alcaptonuria.—HIRSCH (*Berliner klin. Wochenschrift*, October 4, 1897) reports a case of alcaptonuria in a young girl, aged seventeen years, who, for eight days, had suffered from gastro-intestinal catarrh. Nausea and vomiting were the chief symptoms complained of when the patient came under observation. These were associated with slight elevation of temperature.

On the morning after admission the urine presented a brownish-black color similar to that seen in carbolic acid poisoning. When first voided the urine was browner or darker than normal, the color deepening on standing. Some of the urine was allowed to stand overnight. The following morning the urine was still acid in reaction and had become an inky-black color. It was so dark that the intensity of the color was not increased by the addition of alkalies, as is usually the case in this condition. The total amount of urine for the first day that this peculiar feature was observed was 700 c.cm.; reaction weakly acid; sp. gr. 1018. There was no albumin. Fehling's solution was reduced when heat was applied. Nylander's test was negative. Prof. Siegfried extracted an acid from the urine which gave the following reactions: 1. Alkaline solutions of the acid took on a dark-brown color. 2. Ammoniacal silver solutions were reduced in the cold. 3. Fehling's solution was reduced on the application of heat. 4. Very dilute solutions of chloride of iron produced a transitory blue color. 5. The acid yielded a lead salt, which was slightly soluble in cold water. From these reactions it was concluded that the substance in the urine giving rise to them was alcapton.

On the fourth day, after the peculiar darkening of the urine was first noticed, these features entirely disappeared, and the urine became once more normal. The patient had never noticed the same darkening of her urine before, and there was no family history of the disease.

Boedeker first described the condition in 1859, and called it alcaptonuria. The chemical substance causing the change in the urine is believed to be one or the other of the two following acids: (1) uroleucinic acid (Kirk), or (2) homogentisinic acid (Baumann).

Hirsch gives the following as the interesting features in this case: 1. The appearance of the alcaptonuria during an attack of acute gastro-intestinal catarrh.

2. The short duration (three days).

3. In spite of the urine remaining weakly acid the color deepened so intensely that there was no increase in the depth of color after the addition of an alkali.